

Sullivan County Compliance Program

COMPLIANCE INCIDENT REPORT

CONTACT INFORMATION: Please provide your name and contact information.

First Name:

Last Name:

Job Title:

Phone Number:

Email:

Preferred Method of Contact:

Reports may be made anonymously. If anonymity is requested, the Confidential Compliance Hotline should be the reporting mechanism utilized at 1-833-955-1559. The County will not employ methods to identify anonymous reporters and will protect the identity of reporters to the extent of the law. The County cannot guarantee anonymity. Reports including, but not limited to harassment, discrimination, bullying, abuse, and threatening language cannot always be kept anonymous. Reports of violations or suspected violations will be kept confidential to the extent permitted by law. The report and the ongoing investigation will only be revealed to those necessary to conduct a thorough investigation.

INDIVIDUALS WITH KNOWLEDGE OF THE INCIDENT:

Please provide the name and contact information for individuals have or may have information regarding the incident in question.

First Name:

Last Name:

Job Title:

Phone Number:

First Name:

Last Name:

Job Title:

Phone Number:

Email:

INCIDENT DETAILS:

Are you a Sullivan County Government employee: Yes No

If **No**, what is your relationship to the County?

Where and when did this incident occur:

Please provide a summary of the incident you would like to report, including all relevant details:

Any other information that you would like to include/communicate to the Compliance Officer:

If you have any documents or supplemental material that will aid in the County's review of the concerns stated herein, please forward along with this form. Please e-mail the completed form to Compliance@sullivanny.gov